

PRINTED: 04/01/2011
FORM APPROVED

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TN1604	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 03/29/2011
NAME OF PROVIDER OR SUPPLIER MANCHESTER HEALTH CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 395 INTERSTATE DRIVE MANCHESTER, TN 37355		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N 832	<p>1200-8-6-.08(2) Building Standards</p> <p>(2) The condition of the physical plant and the overall nursing home environment must be developed and maintained in such a manner that the safety and well-being of residents are assured.</p> <p>This Rule is not met as evidenced by: Based on observations it was determined the facility failed to comply with the Tennessee Department of Health Building Standards.</p> <p>The findings include:</p> <p>Observation of the storage room by room 106 on 3/29/11 at 9:25 AM, revealed the room had hazardous material and tools stored in the room, with the door left in the open position. Tennessee Department of Health 1200-806.08(2)</p> <p>This finding was acknowledged by the Administrator and verified by the Director of Maintenance at the exit conference on 3/29/11.</p>	N 832	<p>N832</p> <p>On 3/29/11, immediate correction included closing the storage door next to Room 106.</p> <p>All residents have the potential to be affected by this deficient practice. The Director of Environmental Services was inserviced by the facility Administrator on 3/29/11 regarding the deficiency, and the importance of keeping doors closed properly.</p> <p>Regarding measures put into place to ensure others will not be affected by this practice; an inservice will be conducted to staff members on 4/14/11 and 4/15/11 to discuss the regulation and the importance of keeping closet doors closed.</p> <p>As for monitoring to ensure identified practice does not recur, daily walking rounds will be completed by the housekeeping staff. Additionally, walking rounds will be conducted by the Administrator Monday through Friday to ensure compliance with this regulation. All findings will be reported to the Safety Committee Meeting monthly. The Safety Committee consists of the Plant Operations Staff, Director of Environmental Services, RN QA Coordinator, Director of Nursing, Administrator, and Dietary Manager.</p>	4/15/11

Division of Health Care Facilities

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

TITLE

(X6) DATE

Administrator

4/12/11

6899

LYD721

If continuation sheet 1 of 1